



Sponsorship Opportunities

Commitment Form

Name or Organization (as it should appear on all marketing materials)

Contact Name

Title

Address

City

State

Zip

Telephone

Email

☐ I/We would be pleased to support the Ellen L. Stovall Award at the following level:

☐ Presenting Sponsor ~ \$75,000

☐ Platinum Sponsor ~ \$25,000

☐ Gold Sponsor ~ \$10,000

☐ Silver Sponsor ~ \$5,000

☐ Bronze Sponsor ~ \$2,500

☐ Friend Sponsor ~ \$1,000

☐ I/We would like to be recognized as follows: _____

☐ I/We would like to be listed anonymously.

Payment Method:

☐ Enclosed is a check for \$_____ (please make check payable to the National Coalition for Cancer Survivorship)

☐ Please charge my/our credit card for \$_____.

☐ MasterCard ☐ Visa ☐ AmEx ☐ Discover

Cardholder's Name (as it appears on card): _____

Card Number: _____ Exp Date: _____ Security Code: _____

Signature (required for all pledges): _____

Please send your completed response by email to kwilson@canceradvocacy.org, or send by mail to:

National Coalition for Cancer Survivorship

8455 Colesville Road, Suite 930

Silver Spring, MD 20910

THANK YOU FOR YOUR SUPPORT!

The National Coalition for Cancer Survivorship is a 501(c)(3) organization. Contributions are tax-deductible to the extent allowed by law. All contributors will receive an official tax receipt from the National Coalition for Cancer Survivorship.

Tax Identification Number: 85-0357897